

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	1330/4
Application Number	10/007,838
Filing Date	NOVEMBER 8, 2001
First Named Inventor	ORAZIO PATER
Group Art Unit	3628
Examiner	GRAHAM, C. B.

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawing Sheets	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Status Request	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Petition for Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Request of Refund	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

				Small Entity		or		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus		0	x \$25=	0		x \$50=	
Indep.		Minus		0	x \$100=	0		x \$200=	
First Presentation of Multiple Dep. Claim					+ \$180=	---		+ \$360=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date	July 17, 2007

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:		July 17, 2007
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: July 17, 2007

